Best Available Copy

| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number | | | |
|---|--|-----------------------------|--|-----------------------------------|---|------------------|--------------|---------------------|------------------------------|----------------------------|----------------------------|------------------------|
| | | | | | | | | | 10 | 360 | 150Y | |
| | | CLAIMS / | (Colum | | (Column 2) | | _ | SMALL ENT | | OR | OTHER THAN SMALL ENTITY | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | 1 | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARGE ENT. = \$ 300 | | | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100 | | All other situations = \$ 100 / \$ 200 | | | EXAM. FEE | 100 | | EXAM. FEE | |
| SEARCH FEE | | | U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400 | | All other situations = \$ 250 / \$ 500 | | | SEARCH FEE | 200 | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 ≐ | | | X \$ 125 = | | 1 | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS 18 | | | aa mi | nus 20 = | * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | minus 3 = | | • | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | SENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" | | | | | | olumn 2 | 1 | TOTAL | | OR | TOTAL | · - |
| | | | | | | | | | | | | <u> </u> |
| CLAIMS AS AMENDED - FAREET (Column 1) (Column 2) (Column 3) | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| AMENDMENT A | 2/-/ | CLAIMS REMAINING | | HIGH | EST | PRESENT | | | ADDI- | | | ADDI- |
| | 111706 | AFTER · AMENDMENT | | PREVIO | USLY | EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | . 20 | Minus | - 27 | 2_ | - / | | X \$ 25 = | | OR | X \$ 50 = | |
| AME | Independent | • 3 | Minus | *** 2 | | = / | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL | | | | CLAIM | | ı | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. FEE | |
| , | • | | | | | | | 125 | | | FEC (| |
| | | (Column 1) | | (Colum | | (Column 3) | r | | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | 8 | | X \$ 25 = | | OR | X \$ 50 = | |
| AME | Independent | • | Minus | *** | | 8 | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | LAIM | | ſ | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | • | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| ree Lands Pét Lands | | | | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |